

DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled
2'-BRANCHED NUCLEOSIDES AND FLAVIVIRIDAE MUTATION

and for which a patent application:

- ☐ is attached hereto and includes amendment(s) filed on (if applicable)
- ☒ was filed in the United States on November 17, 2003 as Application No. 10/715,729 (for declaration not accompanying application) with amendment(s) filed on 7/24/06, 12/09/06, 5/04/07, 2/05/08, 4/22/09, 9/26/08, 1/04/10 and 1/20/10 (if applicable)
- ☐ was filed as PCT international Application No. on and was amended under PCT Article 19 on (if applicable)

I hereby authorize and request the attorneys at Jones Day to insert herein parentheses (Application No. _____ filed _____) the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION				
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	FILING DATE
60/426,675	November 15, 2002

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

* For use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	LAST NAME Sommadosi	FIRST NAME Jean-Pierre	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Boston	STATE OR FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP France	
	POST OFFICE ADDRESS	STREET 500 Atlantic Avenue, Apt. 20K	CITY Boston	STATE OR COUNTRY Massachusetts	ZIP CODE 02210
		SIGNATURE OF INVENTOR 201		DATE April 22, 2010	
2 0 2	FULL NAME OF INVENTOR	LAST NAME LaColla	FIRST NAME Paolo	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Capoterra	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy	
	POST OFFICE ADDRESS	STREET 5 Strada no. 11, Poggio dei Pini	CITY Capoterra	STATE OR COUNTRY Italy	ZIP CODE 09012
		SIGNATURE OF INVENTOR 202		DATE	
2 0 3	FULL NAME OF INVENTOR	LAST NAME Standring	FIRST NAME David	MIDDLE NAME N.	
	RESIDENCE & CITIZENSHIP	CITY Milton	STATE OR FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP U.K.	
	POST OFFICE ADDRESS	STREET 205 Gun Hill St.	CITY Milton	STATE OR COUNTRY Massachusetts	ZIP CODE 02186
		SIGNATURE OF INVENTOR 203		DATE	
2 0 4	FULL NAME OF INVENTOR	LAST NAME Bichko	FIRST NAME Vadim	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 14134 Korrey Drive	CITY San Diego	STATE OR COUNTRY California	ZIP CODE 92129
		SIGNATURE OF INVENTOR 204		DATE	
2 0 5	FULL NAME OF INVENTOR	LAST NAME Qu	FIRST NAME Lin	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Webster	STATE OR FOREIGN COUNTRY Texas	COUNTRY OF CITIZENSHIP China	
	POST OFFICE ADDRESS	STREET 15902 Highway 3, Apt. 528	CITY Webster	STATE OR COUNTRY Texas	ZIP CODE 77598
		SIGNATURE OF INVENTOR 205		DATE	

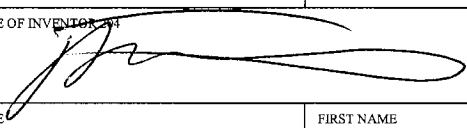
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	POST OFFICE ADDRESS	STREET 205 Gun Hill St.	CITY Milton	STATE OR COUNTRY Massachusetts	ZIP CODE 02186
		SIGNATURE OF INVENTOR 203 <i>D.N. Standring</i>			DATE April 21st, 2010
2 0 4	FULL NAME OF INVENTOR	LAST NAME Bichko	FIRST NAME Vadim	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP U.S.A.	
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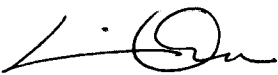
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		SIGNATURE OF INVENTOR 201		DATE
202	FULL NAME OF INVENTOR	LAST NAME LaColla	FIRST NAME Paolo	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Capoterra	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET 5 Strada no. 11, Poggio dei Pini	CITY Capoterra	STATE OR COUNTRY / ZIP CODE Italy / 09012
		SIGNATURE OF INVENTOR 202 <i>Paolo La Colla</i>		DATE <i>April 22, 2010</i>
203	FULL NAME OF INVENTOR	LAST NAME Strandring	FIRST NAME David	MIDDLE NAME N.
	RESIDENCE & CITIZENSHIP	CITY Milton	STATE OR FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP U.K.
	POST OFFICE ADDRESS	STREET 205 Gun Hill St.	CITY Milton	STATE OR COUNTRY / ZIP CODE Massachusetts / 02186
		SIGNATURE OF INVENTOR 203		DATE
204	FULL NAME OF INVENTOR	LAST NAME Bichko	FIRST NAME Vadim	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP U.S.A.
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		SIGNATURE OF INVENTOR 204		DATE
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	RESIDENCE & CITIZENSHIP	CITY Webster	STATE OR FOREIGN COUNTRY Texas	COUNTRY OF CITIZENSHIP China
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2 0 3	FULL NAME OF INVENTOR	LAST NAME Standing	FIRST NAME David	MIDDLE NAME N.	
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		SIGNATURE OF INVENTOR 204 			DATE 4/22/10
2 0 5	FULL NAME OF INVENTOR	LAST NAME Qu	FIRST NAME Lin	MIDDLE NAME	
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